

Report Period Beginning: 01/01/06 Ending: 12/31/06

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

/ /

YES ☐ NO ☒

H. ACCOUNTING BASIS

MODIFIED

X

CASH*

CASH*

CASH*

11

☒ YES ☐ NO

Tax Year: Dec **Fiscal Year:** Dec

* All facilities other than governmental must report on the accrual basis.

If no, explain.

If no, explain. _____

If no, explain.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	2,314	11,929		14,243	5
6	Double Unit	730	806		1,536	6
7	Other					7
8	TOTALS	3,044	12,735		15,779	8

93.98%

48 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **27 (Do not include bed-hold days in Section B.)**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services					5	6	
1	Dietary and Food Purchase	78,122	73,717		151,839		151,839	1
2	Housekeeping, Laundry and Maintenance	14,451	4,011	21,368	39,830		39,830	2
3	Heat and Other Utilities			45,007	45,007		45,007	3
4	Other (specify): Miscellaneous			11,718	14,633		14,633	4
5	TOTAL General Services	92,573	77,728	78,093	251,309		251,309	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	78,857	287	6,718	85,862		85,862	6
7	Activities and Social Services		1,779		1,779		1,779	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	78,857	2,066	6,718	87,641		87,641	9
	C. General Administration							
10	Administrative and Clerical	50,596	2,148	92,764	145,508		145,508	10
11	Marketing Materials, Promotions and Advertising			10,896	10,896		10,896	11
12	Employee Benefits and Payroll Taxes			46,489	46,489		46,489	12
13	Insurance-Property, Liability and Malpractice			44,188	44,188		44,188	13
14	Other (specify):							14
15	TOTAL General Administration	50,596	2,148	194,337	247,081		247,081	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	222,026	81,942	279,148	586,031		586,031	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			213,041	213,041		213,041	17
18	Interest			280,182	280,182		280,182	18
19	Real Estate Taxes			48,820	48,820		48,820	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			542,043	542,043		542,043	23
24	GRAND TOTAL (Sum of lines 16 and 23)	222,026	81,942	821,191	1,128,074		1,128,074	24

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V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$ 20.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	3	7.91	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	10.00	6
7	Cook Helpers/Assistants	2	8.04	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.22	10
11	Laundry			11
12	Managers	2	10.54	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name 1	City 2

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Wilkinson Corporation	30%	5	\$ 20605	1
2					2
3					3
4					4
5					5
Total				\$ 20605	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Oakshire Senior Living	\$ 51,554	1
2			2
Total		\$ 51,554	3

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☒ NO ☐

Name of related entity: Wilkinson Corporation If yes, what is the value of those services? \$ 20,605

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 146,147 Year land was acquired 2004

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	46		2004	1998	\$ 3,731,647	\$ 140,824	28	\$ 140,824	\$	\$ 428,127	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,731,647	\$ 140,824		\$ 140,824	\$	\$ 428,127	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	2004 Land Improvement	\$ 824,434	\$ 58,021	\$ 183,666	21
22	2004 Furniture and Fixtures	40,621	9,593	34,558	22
23	2004 Goodwill and Loan Fees	92,528	3,701	11,298	23
24	TOTALS (lines 21, 22 and 23)	\$ 957,583	\$ 71,315	\$ 229,522	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?
YES NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

1		2		3		4		6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense			
		YES	NO			Original	Balance						
	A. Directly Facility Related Long-Term												
1	GEMSA Loan Services		X	Mortgage	12/13/04	\$ 4,618,784	\$ 4,221,129	/ /	6.0000	\$ 257,208	1		
2	GEMSA Loan Services		X	Note	/ /	277,680	271,899	/ /		22,973	2		
3	Fund FFG	X		Note	/ /		105,393	/ /			3		
	Working Capital												
4					/ /			/ /			4		
5					/ /			/ /			5		
6					/ /			/ /			6		
7	TOTAL Facility Related					\$ 4,896,464	\$ 4,598,421				\$ 280,181	7	
	B. Non-Facility Related												
8					/ /			/ /			8		
9					/ /			/ /			9		
10	TOTALS (lines 7, 8 and 9)					\$ 4,896,464	\$ 4,598,421				\$ 280,181	10	

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

STATE OF ILLINOIS

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 9,253	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	63,053		3
4	Supply Inventory (priced at)	1,865		4
5	Short-Term Investments			5
6	Prepaid Insurance	5,674		6
7	Other Prepaid Expenses	60,443		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Business Value	390,002		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 530,290	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,147		13
14	Buildings, at Historical Cost	3,731,647		14
15	Leasehold Improvements, at Historical Cost	824,434		15
16	Equipment, at Historical Cost	41,454		16
17	Accumulated Depreciation (book methods)	(437,017)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(7,597)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,299,068	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,829,358	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 129,577	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	42,700		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	10,450		30
31	Accrued Taxes Payable	48,735		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	1,529		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 232,991	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,598,422		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,598,422	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,831,413	\$	45
46	TOTAL EQUITY	\$ (2,055)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,829,358	\$	47

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,031,086	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,031,086	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,031,086	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	251,309	19
20	Health Care/ Personal Care	87,641	20
21	General Administration	247,081	21
	B. Capital Expense		
22	Ownership	542,043	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 1,128,074	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (96,988)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (96,988)	31